

## **GREAT BASIN INCIDENT MANAGEMENT TEAM FEEDBACK FORM**

Team #:

Our Incident Management Team is interested in doing the best job that we can. Here is your opportunity to critique us. Give us your thoughts on how we are doing and what we need to do better. Before you leave the incident, please take a few minutes to complete this critique and then drop it off with the Plans section. We hope to use the comments we get to do a better job next time. Thanks for your input!

1. Date:

2. Your Functional Area:

Operations

Finance

Logistics

Planning

Command

Logistics

Dispatch

3. Position on Incident (example: DIVS, BCMG, SITL, Crew Name)

4. Number of days on the incident:

5. How well did the following items meet your needs?

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
<b>Food</b>					
<b>Sleeping Area</b>					
<b>Medical</b>					
<b>Showers</b>					
<b>Sanitation</b>					
<b>Time Keeping</b>					
<b>Supply</b>					
<b>Transportation</b>					
<b>Finance</b>					
<b>Check-In/ Demobilization</b>					

Comments:

6. Was the team customer service oriented?

7. How did the team demonstrate cohesion and command presence while safely meeting objectives.
8. If you were to pick just one item that you think this IMT could improve what would it be?
9. How well did you feel that you understood the strategy used on this incident and that leaders' intent clearly communicated to you and/or your crew?
10. Did the objectives help answer the "why" while working on this assignment (either 202, division breakout)?
11. How would you rate the IMT's attitude and efforts toward your safety?
12. Where did you learn about them? (215a, Division, Unit Leader)
13. How would you rate the overall treatment support of you or your crew received on this incident?
  - a. Excellent
  - b. Good
  - c. Fair
  - d. Poor
14. How would you rate the tactics used on the fireline?
  - a. Yes
  - b. No
  - c. Somewhat
  - d. Not applicable
15. Did you have any issues or concerns while on the incident?
16. Did you discuss the issue with your fire line supervisor?
17. Were your concerns addressed?
18. Please provide a description of situation. **Disclaimer:** IMT evaluation is design to assist the IMT to focus on areas that need improvement. It is **NOT** in lieu of established processes (Safenet, SafeCom or Human Resources).

19. What was your impression of the knowledge level and the effort of your line overhead?

- a. Excellent
- b. Good
- c. Fair
- d. Poor

Comments

20. Are there any additional comments you would like to provide regarding the IMT and /or the incident to which you were assigned?

21. Would you look forward to being ordered for a future incident managed by this team?

22. On a scale of 1 to 10, with 10 being the best, how would you rate the overall job this IMT did on the incident?

23. May a Great Basin Operations Committee Member or IMT member contact you in regards to your response?

Name:

Email:

Phone Number: